

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 04684662	FILING DATE 10/10/00	
							APPLICANT(S)		
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1	1					51		
2	1		1				52		
3	2		1				53		
4	1		1				54		
5	1		1				55		
6	1		1				56		
7	1		1				57		
8	1		1				58		
9	1		1				59		
10	1		1				60		
11	1		1				61		
12	1		1				62		
13	1		1				63		
14	1		1				64		
15	1		1				65		
16	1		1				66		
17	1		1				67		
18	1		1				68		
19	1		1				69		
20	1		1				70		
21	1		1				71		
22	2		1				72		
23	1		1				73		
24	1		1				74		
25	1		1				75		
26	1		1				76		
27			1				77		
28			1				78		
29			1				79		
30			1				80		
31			1				81		
32			1				82		
33			1				83		
34			1				84		
35			1				85		
36			1				86		
37			1				87		
38			1				88		
39			1				89		
40			1				90		
41			1				91		
42			1				92		
43			1				93		
44			1				94		
45			1				95		
46			1				96		
47			1				97		
48			1				98		
49			1				99		
50			1				100		
TOTAL IND.	5		5				TOTAL IND.		5
TOTAL DEP.	25	25	75	75			TOTAL DEP.	47	47
TOTAL CLAIMS	15		50				TOTAL CLAIMS	52	